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## **Experiences of disabled students in initial teacher education**

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**Running Head:** DISABLED STUDENTS AND INITIAL TEACHER EDUCATION

## **Abstract**

This paper reports on a survey that aimed to explore the experiences of students undertaking initial teacher education and community education degrees in a Scottish University. The survey focused in particular on decisions around disclosure of disability and experiences on ‘placements’ in schools or community work settings. Findings indicated that many students chose not to disclose their disability, and for those who did this was a very individual process that was made up of a series of negotiations, rather than being a one-off decision. Those students who did choose to discuss their disability during placements reported positive responses on the whole, although for a few students the demands of placement proved problematic. Implications are discussed in the context of the current disability legislation. In particular, the notion of attendance on placement as a required competence standard is considered.

*Keywords:* community education, disability, initial teacher education, student

*Abbreviations:* Bachelor of Education (BEd); Disability Discrimination Act (DDA); General Teaching Council for Scotland (GTCS); initial teacher education (ITE); professional graduate diploma in education (PGDE); specific learning disability (SpLD); Universities & Colleges Admissions Service (UCAS).

## **Introduction**

The recorded number of disabled students in higher education has increased markedly in recent years (Riddell, Tinklin & Wilson, 2005): 3.1% of first year students were known to have a disability in 1995/6, rising to 5.8% by 2004/5 (Higher Education Statistics Agency, 2008). This increase may relate to a number of factors: legislative changes such as the Disability Discrimination Act part IV (DDA), recent initiatives aimed at assessing and improving provision for disabled students, and the widening of access to the Disabled Students' Allowance (Tinklin, Riddell & Wilson, 2004). However the participation of disabled people in higher education is still very low compared with their non-disabled peers: recent figures suggest that a disabled 18 year old is only 40% as likely to enter higher education as a non-disabled person of the same age (National Audit Office, 2002), something which is likely to have consequences for subsequent employment prospects.

Despite moves to widen access, a number of studies exploring the experiences of disabled students in higher education suggest that barriers to learning still exist across numerous areas, from application processes to accessing course material, completing assignments and negotiating the physical environment (Chard & Couch, 1998; Borland & James, 1999; Tinklin & Hall, 1999). Holloway (2001) reports that students may face increases in stress, additional time demands, and financial burdens in trying to circumvent these barriers. Many studies, though, do also report examples of good practice in terms of provision of support and a desire to improve and widen access for disabled students (e.g. Fuller, Healey, Bradley & Hall, 2004).

Although disabled students from initial teacher education (ITE) courses have been included in previous studies of disabled students in Higher Education, there has been limited research to date that has focused specifically on the experiences of these students. The small number of studies which have been carried out (e.g. Morgan & Burn, 2000; Ferri, Keefe & Gregg, 2001; Stanley, Ridley, Manthorpe, Harris & Hurst, 2007) have found that some of the difficulties faced by students on ITE courses are unique and exist alongside the broader concerns identified in the more general research studies. For example, in addition to decisions regarding disclosure of their disability at university, ITE students must negotiate this issue during school placements: to placement tutors, head teachers, classroom teachers and to pupils (Gilbert, 1998; Morgan & Burn, 2000). These decisions may have implications for their experiences on placement and their future employment. Existing research suggests that the decision to disclose a disability is a process rather than a one-off declaration, and is highly personal, relating to previous experiences of being identified as disabled (Valle, Solis, Volpitta & Connor, 2004; Stanley *et al.*, 2007). Much of the research to date on this issue with ITE students has been small scale, or has focused exclusively on the experiences of trainee teachers who are dyslexic (e.g. Riddick, 2003; Riddick & English, 2006). Consequently, little is currently known about the experiences of disabled student teachers more broadly, despite the clear implications for the support of these students during their time at university. Another related issue as yet relatively unexplored is the attitudes towards disability that ITE students encounter during their training and the effect that this has on them. This is an area of specific concern in ITE as questions have recently been raised regarding the relationship between disability and perceived competence to carry out a teaching role

(Gilbert, 1998; Valle *et al.*, 2004). While there is, then, support and encouragement available for disabled young people to enter ITE (e.g. Skill, 2008), very little is currently known about the experiences of such students during their time there.

An investigation into the experiences of disabled students on ITE courses in Scotland is timely, given the related legislative changes in recent years. In 2002 the Special Educational Needs and Disability Act (SENDA, 2001) modified and became Part IV of the Disability Discrimination Act (DDA), making it unlawful to discriminate against disabled people within Higher and Further Education. The DDA was substantially extended in 2005, with part 5a of the Act placing a duty on all public authorities, including Higher Education Institutes, to ensure that disability equality is promoted across all areas of their working (Skill, 2006). There is now a requirement for Higher Education Institutes to anticipate the needs of disabled students and to make adjustments that will apply for all students, rather than responding reactively to needs on an individual basis (Mulderigg, Litjens & Weedon, 2006). Higher Education Institutes are also required to make reasonable adjustments and it is no longer possible for them to justify failing to do so (Scottish Disability Team, 2007). In relation to ITE, though, perhaps the most significant change was amendments made in 2006 to the DDA with the introduction of ‘competence standards’. A competence standard is defined as “an academic, medical, or other standard applied by or on behalf of an education provider for the purpose of determining whether or not a person has a particular level of competence or ability” (Disability Rights Commission, 2007). Competence standards are significant because there is no requirement for Higher Education Institutes to make adjustments to them, although adjustments must be made, where required, to the means by which the

competence is assessed (Disability Rights Commission, 2007). The criteria for passing a professional training course, and therefore becoming eligible for registration with a professional body are regarded as competence standards.

Until 2004, potential student teachers in Scotland had to meet 'fitness to teach' criteria, satisfying a medical officer that they met physical and mental-health standards for teaching. This appeared to be driven by health and safety concerns at least in part because children are viewed as a vulnerable group (Sin, Kreel, Johnston, Thomas & Fong, 2006). This requirement was abandoned in Scotland following consultation by the Scottish Executive: it was felt that the notion of 'fitness criteria' was at odds with the social model of disability and the spirit of the DDA, and that even if medical fitness is a necessary criteria then this would be more appropriately dealt with by employers than universities (Scottish Executive, 2004). The competence standard for teaching in Scotland is the successful completion of an ITE programme which is assessed according to the Standard for Initial Teacher Education (General Teaching Council for Scotland (GTCS), 2006). This standard is developed collaboratively by representatives from higher education institutes, the GTCS, local authorities, schools and Her Majesty's Inspectorate. All ITE programmes in Scotland require the approval of the Scottish government, criteria for approval include that the GTCS must judge the programme to be acceptable, and the programme must be validated by a university (The Scottish Office, 1998). A further requirement laid down by government relates to placement experience: the 4 year undergraduate primary education programme must contain a minimum of 30 weeks and the one year professional graduate diploma in education programmes must contain a minimum of 18 weeks on placement 'with a block of at least 4 weeks taking place

towards the end of the course' (The Scottish Office, 1998). Current practice is generally to require students on all courses to complete *full-time* blocks of teaching of around 4 weeks towards the end of their programmes of study. Other education degrees, e.g. Community Education, similarly combine work-based placements with university study.

It was an interest in these competence standards that drove the present study. Specifically, it focused on the extent to which students on ITE and Community Education programmes experience barriers to education over and above those that have typically been reported as affecting students on other higher education courses. In particular it examined placements as a competence standard, looking at the experience of students on placements, the support they received, the decisions they made about disclosing their disability, the perceived responses to their disclosure, and the extent to which these experiences influenced their future plans for disclosing their disability once they qualify as teachers.

## **Method**

Data were collected via an online questionnaire using a secure external survey website. Information regarding the survey was distributed in the School of Education within one Scottish University, to all students who were enrolled on programmes of study which included placement as an integral part of the programme (BEd primary, BEd design and technology, BEd physical education, BA community education, PGDE primary and PGDE secondary programmes: N = 1655 in total). The survey was publicised via email, posters and announcements in lectures. Members of staff were asked to remind students of the survey during routine meetings. The survey was 'open' for



a period of three months. All students were encouraged to participate and, as an incentive to respond, students were given the chance to win £150 in vouchers. Whilst all responses were confidential students were invited to leave a contact email address if they wished to enter the draw, and these names were subsequently separated from their questionnaire responses.

The questionnaire used a mixture of closed and open questions to gather data on:

- demographics (age, gender, programme and year of study)
- details of the student's disability, if any  
(using the nine UCAS disability categories)
- prior experience of having been identified as having a disability
- whether the disability had been disclosed at various stages (e.g. registration)
- factors influencing decisions regarding whether, and to whom, the disability should be disclosed
- positive and negative experiences within the university relating to their disability
- experiences of placement (either school-based or work-based for community education students)
- plans to disclose the disability to future employers, colleagues, and pupils

The survey was open to all students in the hope that this would encourage responses from students who did not consider themselves to be 'disabled' as such, but who would nonetheless come under the DDA legislation. Also for this reason the phrase 'disability or long-term medical condition' was used. Students without a disability were simply asked to complete the initial questions on demographics, and then confirm that

none of the UCAS disability categories applied to them. Students with a disability were asked to complete the remainder of the questionnaire.

Students were given the opportunity to request a copy of the questionnaire in an alternative format if they did not wish to complete it online. Given that some of the questions covered negative experiences or difficulties that the students may have had, URL links were provided to sources of potential support (e.g. student counselling services, the disability office), as well as the opportunity to email the authors with any questions or comments.

## **Findings**

### *Response rate*

There were 721 responses to the questionnaire, a response rate of 44%. The three courses with the largest numbers of students (BEd primary, PGDE primary and PGDE secondary) all had response rates between 48 and 50%.

### *Rate and type of impairment*

Overall 128 (18%) of the sample regarded themselves as having a disability or long-term medical condition, 509 (71%) did not, and 84 (12%) did not respond to this question. There were no significant differences between males and females, or between mature and non-mature students in terms of the likelihood of reporting a disability ( $\chi^2(1) = 0.64$ , ns and  $\chi^2(1) = 0.64$ , ns, respectively).

The figure of 18% is much higher than the national rate of ‘close to 4%’ reported by Riddell *et al.* (2005), and the figure of just over 6% calculated from statistics provided

by the disability office within the university. It is likely that this is partly due to students being more willing to disclose a disability because of the assurances of anonymity and partly because students with disabilities were more likely to participate than students without a disability (although all students were invited to respond to this questionnaire, the recruitment publicity did state that there was a particular focus on students' experiences of 'disability and long-term medical conditions'). Thirteen respondents did not answer any questions beyond noting their impairment, and the following analysis is therefore based on the 115 who answered at least some of the subsequent questions.

Table 1 shows the disabilities reported by the participants in comparison to disability figures for the whole university, and for UK universities for 2006/07 (Higher Education Statistics Agency, 2008). Note that the percentages shown indicate how different impairments are distributed across different populations of disabled students and *not* the incidence of these impairments in the wider population. The most commonly reported disabilities in the present sample were unseen difficulties/medical conditions (e.g. asthma, diabetes), followed by specific learning difficulties (SpLD), multiple impairments and mental health problems.

[Insert Table 1 about here]

As table 1 shows, students with mental health problems, unseen/medical conditions, and multiple impairments make up a larger proportion of our sample than the figures from the whole university and national figures would have predicted. The higher than expected response from students with mental health problems may reflect students

feeling more able to disclose this in an anonymous survey. The relatively high response from students with unseen/medical conditions or multiple impairments may be because these categories included students with relatively mild impairments (e.g. well controlled asthma) who would not have regarded their impairment as being sufficiently disabling to report at entry to university. The lower than expected proportion of those with SpLD perhaps does not so much reflect that fact that these students were *less* likely to respond to our survey, but that students with other impairments were *more* likely, thus making the percentage of those with SpLD relatively smaller. Although it is possible that students with SpLD are more reluctant to take ITE courses than students with other types of impairment, this interpretation is not born out by figures provided by the University Disability Office, which suggest that the proportion of students with SpLD in the School of Education are comparable, or in some cases higher, than proportions on other humanities and social science degree programmes within the university. The proportion of students with SpLD applying and being accepted onto ITE programmes may relate to a variety of factors, including recruitment and selection procedures, and the format and accessibility of the programme (Riddick & English, 2006).

#### *Previous experiences of disclosure*

Students were asked if they had any comments to make about their earlier experiences (that is prior to coming onto their current programme) of telling people about their disability/long-term medical condition and how this was responded to. The following themes emerged (n = number of people making each response):

- a lack of understanding about their impairment in others (7)

*‘It is often not well received, perhaps due to a lack of knowledge on the part of others’* [BEd primary student with unseen/medical condition]

- issues relating to stigmatisation - actual (5) or anxiety about possible future stigmatisation (4) and people treating them differently (3)

*‘The workplace do discriminate. They assume you will be a second class employee no matter how well you in fact handle it.’*

[PGDE secondary student with mental health problems]

- concern that they wouldn't be believed (4)

*‘It can make me tired and lacking in energy, this is hard for people to separate from their own general feelings of tiredness from over work. However it is different...’*

[PGDE primary student with unseen/medical condition]

- not having control over who knew or what happened once someone knew (7)

*‘At uni [refers to a prior university programme] you have no choice to keep it quiet from your friends/peers because you get sent to a different room to do all your exams...’*

[PGDE primary student with SpLD]

- it wasn't/isn't an issue (8)
- had received a more positive response than had been expected (4)

There were differences in responses across different impairments. Only those with either unseen/medical or mental health problems had concerns about believability. Of the twelve comments in total which related to aspects of stigmatisation or changes in people's response, half (6) of these were made by students with mental health problems, whereas only one person with SpLD mentioned this. Lack of knowledge in others was more likely to be reported by those with unseen/medical conditions.

#### *Disclosure of disability at university*

Sixty-seven (58.3%) of the 115 students said they had told someone at the university about their impairment. Tendency to disclose varied with impairment type: 22% of those with SpLD, 37% of those with multiple disabilities, 46% of those with unseen/medical conditions and 69% of those with mental health difficulties had not disclosed their disability to anyone at the university. It is likely that the reasons for non-disclosure will vary: for some it may be because the impairment does not lead to a significant disability, whereas for others it may be due to concerns over the response. Stated reasons for non-disclosure will be explored in detail later.

#### *Difficulties experienced in particular areas of university work*

Respondents were asked to indicate whether they had encountered difficulties relating to their disability in any areas of their programme of study. Few students reported difficulties in relation to web-based resources (7%) and computing facilities (8.7%). Difficulties were more commonly related to use of the library (20%), attendance (32.2%), seminars (38.3%), lectures (39.1%), and assignments (43.5%). It is worth noting, though, that the majority described these difficulties as ‘slight’, rather than ‘severe’. Difficulties were found to vary according to type of impairment: only one of the 27 students with SpLD reported a difficulty with attendance, whereas 10 of the 13 students with mental health problems reported such a difficulty. Both groups reported some difficulties with assignments (24 of the 27 with SpLD and 8 of the 13 with mental health problems). The majority of those with unseen disabilities/medical conditions did not report any difficulties, supporting the interpretation above that a number of these students referred to an impairment that did not translate into a disability in terms of their university experience.

#### *Experiences during preparation for placement*

Ninety-three of the 115 students with a disability had already been on a teaching placement as part of their course. These students were asked whether they had discussed their disability with their university placement tutor. Only 20 (21.5%) of the students reported that they had done so, 68 (73.1%) had not, and data were missing for a further five (5.4%). Students who had not discussed their disability were asked to select the reasons for this. As Table 2 shows, the majority believed that their disability was unlikely to affect their placement. This was particularly true of those with multiple or

unseen/medical conditions. Of the nine who were concerned about their tutor's reaction seven had mental health problems. Six of those who gave other reasons for non-disclosure were concerned with the issue of privacy and wanted to deal with the disability themselves e.g. *'I like to keep it private. I try where possible to achieve without extra help...'* [PGDE student with SpLD]. Two others were concerned that they would appear to be seeking preferential treatment, and one was concerned with possible career implications.

[Insert Table 2 about here]

#### *Discussion of impairment whilst on placement*

Students were asked whether they had disclosed their disability to anyone during their placement. Of the 93 students who had been on placement, 44 (47%) had disclosed to someone, 34 (37%) had not, and responses were missing/not applicable for a further 15 (16%). Of 78 students who responded to questions about both university and placement, it was found that they were equally likely to disclose their disability during placement as they were to disclose it to someone within the university (McNemar test, ns). It was found that 33 disclosed their disability to both, 20 to neither, 14 at university but not placement, and 11 on placement but not at university.

On placement, the class teacher was the person with whom a disability was most commonly discussed (35 students). However, students tended not to discuss their disability with anyone else on their placement: only 7 had discussed it with the



Headteacher/line manager, 11 with other members of staff, 6 with pupils/clients and none with the parents of pupils.

Students were then asked to explain their reasons for disclosure/non-disclosure during placement. Thirty-six students gave additional information and the following themes emerged:

- disability only disclosed to those who 'need to know' (17 responses)

*'Does not affect my performance on placement but important that some people know I have the condition'*

[PGDE secondary student with unseen/medical condition]

*'I felt it was important that the teacher with whom I would be working closest understood why my writing was a mess and that it was not due to lack of care or idleness on my part'*

[BEd primary student with unseen/medical condition]

- disability was only discussed if it arose during conversation (7)
- concern about reaction/response (6)

*'I didn't think it would affect my placement and I didn't want the school to think I was an inadequate teacher'* [BEd primary student with SpLD]

*'I feel mental health issues are still taboo in the workplace.'*

[PGDE secondary student with mental health problems]

- a previously unseen condition became obvious (3)
- determination to manage without being a special case (3)

*'When one feels second-rate and inadequate already, admitting weakness only drags down self-esteem further. I'd rather bite the bullet and insist that I grind my way through difficulties like a normal person. If one gets away with it and people don't even realise one has a problem, all the better.'*

[PGDE secondary student with multiple impairments]

- previous negative experience of telling (2)
- find it difficult to talk about (2)

Students who had disclosed their disability on placement were asked about the response they felt that they had received. Forty-one of the 44 students who had disclosed their disability provided details, and the following themes emerged:

- Supportive/helpful/understanding (19)

*'The teacher was very supportive and helped find ways around the problem'*

[BEd primary student with unseen/medical condition]

*'My teacher was very accepting of my disease and expressed that she was open to any further discussion should I need it'*

[PGDE primary student with unseen/medical condition]

- Viewed as normal/not a problem (7)

- Surprised/admiration/sympathy (6)

*'They were very surprised and said they wouldn't have known if I hadn't told them. Others seemed to admire me for doing well at university and not letting it stop me'* [PGDE secondary student with hearing impairment]

- Disability viewed as positive (3)

*'They were very supportive and felt that it would add to my perception of children's learning and was a help rather than a hindrance'*

[PGDE primary student with SpLD]

*'One class teacher was thrilled because...she wanted her children to see what can be achieved even though you have difficulties.'*

[PGDE primary student with SpLD]

- Panic (2)

*‘Panic from my class teacher. She was concerned about how this should affect her marking of me as she had received no guidance if such a situation were to occur.’* [BEd primary student with SpLD]

- Not entirely positive (7)

*‘Okay but a lot of misconceptions and lack of understanding had to be cleared up. Always feel I am reassuring people I am a fit and healthy human being.’*  
[PGDE primary student with unseen/medical condition]

*‘On the whole the response was positive. Pupils were very understanding, but other teachers found it difficult to understand my career choice.’*  
[PGDE secondary student with specific learning difficulties]

Nine students, then, reported responses which were negative in some respect (‘panic’ and ‘not entirely positive’), but generally these were prefaced with qualification indicating that responses had been positive on the whole. The negative aspects perceived by students included: school staff showing a lack of understanding, an uncertainty about what should be done, being a bit dismissive, or advising students not to disclose to promoted staff, a feeling of having to justify their career choice, and a perception that some pupils took advantage of the disability. Of the nine students who encountered responses which had a negative element to them, five had an unseen/medical condition.

*Plans for disclosure in future employment*

Students were asked about their plans regarding disclosure of their disability in the context of their future employment. As table 3 shows, only between a quarter to a third of students planned to disclose their disability to employers and colleagues in the future. Students were particularly unlikely to plan on disclosing their disability to pupils or the parents of pupils.

[Insert Table 3 about here]

Students were asked whether their previous experiences of disclosure or non-disclosure had affected their decisions about disclosing their disability in the future. This open question received responses from 71 out of the 115 disabled students. Twenty-five reported that their experience to date would not affect their future behaviour, nine said they would continue to make a decision on a need to know basis, a further five said they would continue to base their decisions on the individual involved. Twenty said that they would be less likely to tell people in the future because of a prior negative experience of telling people:

*'I suppose part of the reason I haven't told others was the response I got from the tutor who carried out the initial tests. She tried to sway me away from teaching because I am dyslexic and teaching is something I have always wanted to do and I am determined not to let this stop me.'* [BEd primary student with SpLD]

*‘Yes, I just like to get along with things, and once my disability has been highlighted it tends to become a focus for everything therefore I rarely disclose my condition.’* [BEd primary student with unseen/medical condition]

*‘I have been discriminated against in the past, twice. [...]. I use much more discernment.’* [BA Community education student with multiple impairments]

A further four were specifically concerned with the potential effect on career progression:

*‘...I think I worry that by saying I have mental health problems people will always associate me with having them, and that this may affect my career progression prospects and/or the way people treat me in general.’*

[BA Community Education student with mental health problems]

Five said they would be more careful in future because of a mixed response:

*‘Some people have reacted well and have been very helpful, others have been very hurtful and unhelpful so I am just very careful about who I speak to about this and get to know them well before thinking about sharing’*

[BEd physical education student with ‘other’ disability]

Only three reported that they would be more ready to tell people:

*'Having spoken to university tutors I now feel more able to share with others.'*

[PGDE secondary student with unseen/medical condition]

### *Students' experiences overall*

Students were given the opportunity to make additional comments relating to their experiences as a disabled student, and 24 of them chose to do so. Thirteen related negative experiences, six positive and five made neutral comments. A number of those recounting negative experiences identified particular problems with placement:

*'The workload required on placement makes it very difficult. We spend a whole day at school in most cases I was out the house from 7 til 6pm. On returning there is about 5 hours of paperwork.[...]. I found that this had a knock on effect in my spelling and my accuracy on worksheets as I was checking and proof-reading while mentally tired.'* [BEd primary student with SpLD]

*'...all very negative, if the university made it possible for people to attend placements etc when they are able rather than forcing the time-table upon them when they may not be able to attend then it would come slightly closer to non discrimination against those with additional support needs.'*

[PGDE secondary student with unseen/medical condition]

*‘Being placed far away from home for a long time without anyone I knew was very hard and quite upsetting.’*

[PGDE primary student with mental health problems]

## **Discussion**

This study explored the experiences of disabled students undertaking Initial Teacher Education (ITE) and Community Education degrees in a Scottish university. It focused specifically on decisions around disclosure of disability, the effects of prior experiences on future decisions to disclose, and the experiences of students during university and work-based placements.

It is encouraging to find that relatively high numbers of disabled students are now entering the teaching profession. Nearly a fifth of respondents (equivalent to nearly a twelfth of all students on ITE courses) noted a disability, suggesting that moves to widen access are gradually paying off, although a lack of comparative data from previous years makes it difficult to judge the extent to which these numbers have increased over time. In terms of the experiences of these students whilst on campus, findings showed that some did experience barriers to learning relating to their disability, particularly with attendance, the completion of assignments, and accessing information in lectures and seminars. Although these difficulties were often described as ‘slight’, the continuing development of appropriate support systems, and of finding ways of ensuring that all students (both those who disclose and those who do not) gain access to these systems, clearly remains an issue. Ongoing work to develop the general accessibility of programmes (e.g. The University of Strathclyde, 2005) for all students is also crucial.



Areas of difficulty did vary according to the type of disability, for example with students with mental health problems experiencing particular difficulties with attendance, and the majority of those with specific learning difficulties reporting problems with assignments. However, it is also likely to be the case that much of the way in which being disabled is experienced is an individual matter (Williams, 1999; Weedon & Riddell, 2007), and that students with similar impairments may be differently disabled by them and may require quite different adjustments to be made in order to minimise the extent to which they are disabled.

A key focus of this research was on the disclosure of disability, and findings showed that only around half of the students disclosed their disability to anyone at university, only a fifth did so to their placement tutor, and only around a half to anyone at their placement. Findings confirmed previous research, indicating that those with mental health problems were particularly unlikely to disclose their disability to anyone in the university. Although there is evidence of an increase in the numbers of students with mental health problems entering higher education (The Royal College of Psychiatrists, 2003; Tinklin, Riddell, & Wilson, 2005), these students may still be particularly likely to fear discrimination. The practical implication of the disclosure rates found in this study is that staff in university or work-placement settings are likely to be unaware of a relatively large number of students with a disability who may require additional support. Some students choose not to disclose because they feel that their impairment will not affect their work. Others, though, are clearly anxious about the response they will receive; further development of strategies that will ease the process and outcome of disclosure for these students is therefore desirable. It was clear from the responses in this study that

there is a real risk of students feeling powerless if their disclosure causes the initiation of procedures which are outwith their control.

In relation to the decisions that students made around sharing information, findings confirmed those of Valle *et al.* (2004): disclosure is not a single isolated incident but is a process made up of a series of negotiations and decisions. There were only two students in the sample who had 'blanket' approaches to disclosure – one was 'I tell everyone' and the other was 'I tell no-one'. Many students reported using a number of strategies including operating on a 'need to know' basis and getting to know people before deciding whether or not they could be trusted with the information. In situations where the decision to disclose was taken away from them – by a previously hidden impairment becoming visible, because of their age or because in order to receive the support to which they were entitled they had to make their impairment public – there was often a sense of anger about this.

Second, as in previous research (e.g. Stanley *et al.*, 2007), previous experience of disclosure has a large impact on future decisions. It would appear that one bad experience is often sufficient to over-turn other more positive experiences. Twenty-five of the seventy-one students responding said that they would be less likely to tell anyone, or minimally more careful about who they chose to tell in the future, as a result of their previous experiences. This compares with only three who are more likely to discuss it as a result of positive experiences. In cases where a student had one negative experience amongst others which were more positive, the negative experience appears to be decisive. For example one BEd primary student with specific learning difficulties wrote that '*My experience of first placement has influenced my plans, prior to this I would have told all*

*where appropriate*’ however it was clear from an earlier response that this bad reaction was a ‘one-off’ and that subsequent disclosures were met much more positively ‘...*I did not tell my second teacher until I had been there for about 2 weeks. She reacted very differently...*’.

The very positive message from the data is that, for the majority of those who did make the decision to disclose during their placement, they experienced very positive responses, with class teachers being reported as very supportive and helpful on the whole. Indeed in a few cases the disability was viewed by the host school as an asset, with teachers suggesting that the student would be a positive role model for pupils or, in the case of specific learning difficulties, that it would lead to a greater awareness of the learning needs of pupils, a finding which complements earlier studies (Morgan & Burn, 2000; Ferri *et al.*, 2001; Valle *et al.*, 2004; Riddick & English, 2006). For a few students, though, there were some negative aspects to the response, for example in relation to how the student should be assessed. Given that students were far more likely to disclose their disability to the classteacher than the headteacher, maintaining good communication between universities and placement schools specifically relating to support of disabled students is a priority to ensure that no placement school responds with panic to a disclosure of a disability. This communication should take place not only in relation to individual students disclosing disabilities, but with all schools in an anticipatory fashion, particularly given the relatively low disclosure rate, and the fact that some students may choose to disclose their disability only during their school placement, but not to the university.

The number of students who planned to disclose their disability to their future employer was, again, relatively low. This may reflect concern with securing first appointments in a competitive job market. Currently, every graduate of an ITE programme in Scotland is guaranteed a job for their first year after qualification, working towards full registration at the end of the year. Follow-up research at the end of this probationary year, and beyond would help to establish whether views on disclosure to employers alters following a period spent as teachers and employees rather than as students. Such research would also allow for investigation of whether the predominantly positive responses experienced by students on placement continue to be experienced when they are in positions of permanent employment.

In terms of the attitudes encountered in others about perceived competence to teach, there are very encouraging signs that students with specific learning difficulties - one of the impairments which might be predicted to raise issues about competence - are in most cases finding placement schools to be very supportive when they do make the decision to disclose. This may be because there is now a greater awareness of specific learning difficulties. However, this is not to say that the view that people with specific learning difficulties should not be teachers has been completely eradicated: one student in the present study did report that her career choice was questioned, and two others reported more negative responses in earlier placements. The findings from this survey cannot indicate whether student teachers with mental health problems would receive a similarly supportive welcome, as so few have been prepared to take the risk of receiving a negative response.

It was also clear from the findings that some disabled students experience difficulties in relation to the requirements and expectations relating to placements laid down by the university and the GTCS. This can be considered within the context of the recent DDA legislation, particularly that relating to competence standards. In order to qualify as a teacher a student must undertake and reach an acceptable standard on a series of 'placements', with required amounts of time on placement set down by government, as described in the introduction above. Individual university placement guidelines stipulate the length of time for which a student must take 'full responsibility' for the class. In the Higher Education Institute in this study for the final year of the BEd (Primary) degree this is currently 20 consecutive full days.

The comments made by the disabled students in our survey clearly indicate that, for a few, the demands of placement are problematic. Difficulties centred in particular on the time required to complete the paperwork necessary for placements, the need to conform to a full timetable, and the issue of being placed away from home.

The key issue here is whether the ability to plan and deliver teaching for a block of 20 consecutive days is a genuine competence standard. If it is, then there is no legal obligation on the university to make reasonable adjustments to it, even if it can be shown that under these requirements disabled students will be treated less favourably as a result of a reason relating to their disability. In order to be a competence standard two criteria must be met (Disability Rights Commission, 2007): first that it is applied to disabled and non-disabled students alike; this criterion is met. The second is that it must be an appropriate way of achieving a legitimate aim. There are three further tests for this: that the aim must be underpinned by a pressing need which the treatment is designed to meet;

that by applying the competence standard the aim will be achieved; and finally that there is no other way of achieving the aim that would be less detrimental to the rights of disabled people (Disability Rights Commission, 2007). In other words, does the requirement to be able to plan and teach for 20 consecutive days meet a need (presumably for the supply of competent probationer teachers), which cannot be met in any other way which is less detrimental to disabled students?

Indeed, this goes to a core of what it means to be a competent teacher. In order to be proficient does one *necessarily* have to be able to withstand the pressures and demands that Monday to Friday 9 - 3.30pm teaching brings? Is it possible that someone who is able to teach on only a part-time basis is, nevertheless, competent? Can someone be a good teacher even if they cannot deliver teaching for 20 consecutive days as a result of a disability? The answer has to be yes. We can all think of inspirational teachers who choose to work part-time. However, if the question is whether people who are not able to teach for a prescribed period of time can be accredited as fully registered full-time teachers then perhaps the answer is not so clear-cut. The difficulty facing students who may have aspirations to work as part-time teachers is that there is currently no professional training available which is specifically tailored to this outcome. They thus have no option but to enter a type of training which they would not necessarily choose were a wider range of options available.

The question which the data from this study raises is whether the ability to teach for a sustained period of time is being used, albeit unwittingly, as a replacement mechanism for 'weeding out' candidates for teaching who have particular impairments who might previously have been declared not to meet the medical criteria for fitness to teach? From

our survey data it is apparent that for some students (notably those with mental health problems and specific learning difficulties) the requirement of near 100% attendance and the workload demands of placement place them under great strain, which could potentially result in them failing aspects of the programme. Under the revised DDA it is not enough simply to ensure no discrimination but instead a requirement to actively promote the participation of disabled people. The burden of responsibility under the revised legislation is for a university to ensure that should a hypothetical student with an impairment be on the programme *at some point in the future* they would not be treated less favourably as a result of a reason relating to their disability. The relationship of this requirement to issues of placement on ITE programmes is clearly a complex one. The debate highlights the ongoing tension within ITE programmes between competence standards and an inclusive approach. This tension is evident from the application and selection process (Riddick & English, 2006) and is likely to continue throughout the degree.

There are limitations to the present study. Although the response rate was good, as with any survey research it was not possible to gather responses from all individuals. Those with disabilities were particularly likely to participate, though. Gathering views from university staff and from class teachers in placement schools would also present a more complete picture of experiences relating to disabled students, an avenue that should be followed in future research. Future comparison with non-disabled ITE students, for example in terms of experiences in managing placement and university workload, would also be informative. As this was the first large-scale research study to focus specifically on the experiences of those on ITE courses, it was only conducted in one institution:

exploring the views of those in other institutions is now required. Nonetheless, the present study shows that, although many disabled students feel well supported both when at university and when on placement, many students choose not to disclose their disabilities, and for a few, the demands of placements are overwhelming. ITE providers and the professional body should therefore consider whether ability to both plan and deliver a block placement is a necessary competency standard for entry to the profession. There are clearly no straightforward answers here, and the question of what constitutes competent teaching has many different responses. But given the basic assertion - that you can be a competent teacher on a part-time basis - it seems to us that we should be doing more to think about flexible approaches to placement requirements which would make the programme more accessible to students who may otherwise encounter problems with meeting current requirements, and that the DDA Code of practice provides a useful framework with which to examine our programmes of study.



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Table 1. Type of impairment reported

	ITE Students reporting a disability		University figures 2006/2007	National Figures 2006/07 *
	N	%	%	%
Specific learning difficulties	27	23.5	50.3	43
Visual impairment	5	4.3	1.9	2.5
Hearing impairment	3	2.6	2.7	5.2
Mobility impairment	1	0.9	2.6	4.0
Autism spectrum disorder	0	0	1.1	0.8
Mental health problems	13	11.3	3.8	5.4
Unseen/medical conditions	49	42.6	21.6	16
Multiple impairments	16†	13.9	4.0	11
Other	1	0.9	11.9	11.7

†Three respondents indicated that this included a mental health problem

\* first year UK domiciled higher education students obtained from the Higher Education Statistics Agency, (2008), available at <http://www.hesa.ac.uk>

Table 2. Reasons for not discussing disability with placement tutor

Reason for not discussing disability	Number of students
Belief that it was unlikely to affect placement	47
Concern about tutor's possible reaction	9
Put off by previous experience of telling people	8
Concerned about being pressurised to tell school	6
Disability not present/diagnosed at the time	4
Tutor was already aware of issue	3
Other	12

Note. It was possible for respondents to provide more than one reason for non-disclosure

Table 3. Plans for disclosure in future employment

Plan to disclose to:	Number (%) of students		
	Yes	Unsure	No
Employer	39 (34%)	23 (20%)	33 (29%)
Headteacher/line manager	35 (30%)	33 (29%)	27 (24%)
Other members of staff	30 (26%)	29 (25%)	32 (28%)
Pupils/clients	14 (12%)	25 (22%)	53 (46%)
Parents of pupils	7 (6%)	12 (10%)	71 (62%)

Note. Remaining responses were either ‘not applicable’, or ‘missing’.